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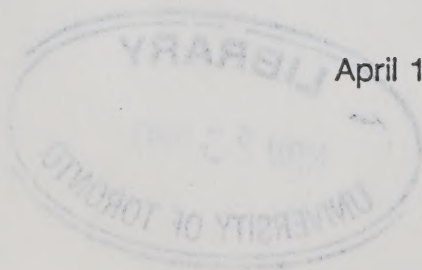
Government
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**Violence Against Women with Disabilities:
A Service Needs Assessment**

SUMMARY DOCUMENT

Report Commissioned
by
The Ontario Women's Directorate
The Ministry of Community and Social Services
The Office for Disability Issues

April 1993





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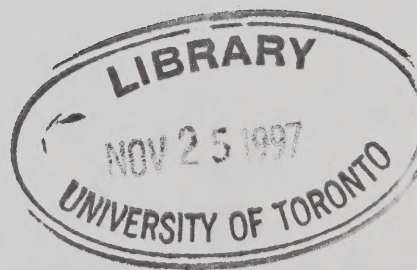


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The following Summary Document is available in French print and in English and French on audio cassette and in large print format. The full report, "Violence Against Women with Disabilities: A Service Needs Assessment" is available in English and in French print. For copies of any of the above formats please contact:

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ACKNOWLEDGEMENTS

It is important to acknowledge the many individuals who contributed to this study. First, special recognition and thanks go to all of the people who took the time to participate in this study, in particular to the women with disabilities for their invaluable insights, their support and their courage to speak out against violence. We would like to thank service providers as well for sharing their thoughts with us and taking the time to fill out lengthy questionnaires.

We are indebted to the members of the Community Advisory Group; Marguerite Constable, Joanne Doucette, Winnie Magnusson, Shirley Masuda, Cathy McPherson, Miriam Ticoll and Liz Stimpson, for reviewing drafts of the report and for sharing their knowledge, insights and information with us. In addition, we would like to extend our appreciation to Pat Israel and Dorothy Margo who acted as external reviewers.

Finally, we would like to acknowledge the consultants, A.C.T. III Consultants (formerly Murray & File) and Marina Morrow for the hard work required to complete this study.

PURPOSE

In the past ten to fifteen years numerous community-based services have begun to address the needs of women who have been physically, and/or sexually abused. However, the majority of these services have remained inaccessible to women with disabilities.

Women in Ontario first began raising the issue of violence against women with disabilities with the provincial government in the mid 1980s. In October, 1988 the Ontario Women's Directorate and the Office for Disability Issues (formerly the Office for Disabled Persons) held a consultation with community representatives specifically to explore this issue. In response to the discussions from the October, 1988 consultation and further consultations with smaller focus groups, funding was secured to undertake a study that would assess the service needs of women with disabilities who have experienced abuse.

Subsequently, a Government Steering Committee with representatives from the Ontario Women's Directorate, the Office for Disability Issues and the Ministry of Community and Social Services was formed to develop a Request for Proposal (RFP). The RFP was developed and then reviewed by members of the Interministerial Committee on Wife Assault Prevention Initiatives. In February, 1990 the RFP was issued and consultants were hired to carry out a service needs assessment.

Further, a Community Advisory Group was established to ensure that women with disabilities had a central role in advising on this research. In determining the composition of the Community Advisory Group, particular emphasis was given to involving women with disabilities themselves, women who had done work on the issue of violence against women with disabilities, women who had a feminist analysis of violence against women and advocates for women with disabilities.

The purpose of this study is to provide a general overview of the service needs of women with disabilities in Ontario who have experienced violence in community settings. This study was carried out in order to contribute to the provincial government's policy and program development process with respect to the accessibility, appropriateness and effectiveness of services for women with disabilities who have experienced abuse in community settings.

The focus on community settings, as opposed to institutional settings, resulted from a number of considerations. Government policy since 1972 has accelerated the movement of persons with disabilities out of institutions into the community so that today the majority of women with disabilities now live in community settings. In addition, undertaking research in institutions presented a number of complex methodological problems that proved to be beyond the scope of this particular report. For example, the difficulty in obtaining informed consent from women in institutions for their participation in the study. However, given the seriousness of the abuse of women with disabilities in institutional settings it is recommended by those that participated in this study that comprehensive research leading to concrete prevention strategies be implemented to address this issue.

METHODOLOGY

The study consisted of three components:

1. A **literature review** was undertaken to identify significant findings and trends with regards to the issue of violence against women with disabilities. Literature from the 1980s until the early 1990s in French and English was gathered. An attempt was made to highlight literature by women with disabilities, grass-roots literature, Canadian literature and literature from feminist theoretical standpoints.

2. A **service needs assessment survey** was conducted through the distribution of questionnaires to women with disabilities and to service providers. The questionnaires to women with disabilities were designed to elicit information on women's experiences with existing services, their service needs and the accessibility of existing services.

Questionnaires to service providers were designed to examine the accessibility of services and the attitudes of service providers toward women with disabilities. In addition, service providers were asked to indicate what would facilitate making their services more accessible.

Of the 350 questionnaires sent out to women with disabilities, a total of 177 women (51%) responded. Of the 1700 organizations throughout the province that were sent questionnaires, service providers from 315 of these organizations (18%) responded.

The research sample used for this study was not a random sample. Individual women were contacted largely through their involvement in organizations and are not necessarily representative of the population of women with disabilities in general. The information from this study should not, therefore, be used to document incidence rates of violence, or be seen as a complete assessment of service provision to women with disabilities in Ontario.

3. **Community consultations** were conducted to provide an opportunity for women with disabilities and service providers to meet and discuss their respective concerns. It was felt that these consultations would provide a space where concrete recommendations and policy directions might emerge. Four communities in Ontario were chosen in which to hold the consultations: Ottawa, Sudbury, London and Toronto.

FINDINGS

The findings of this study support previous research that suggests that women with disabilities are especially vulnerable to physical and sexual assault. Factors such as the dependency that many women with disabilities have on a variety of personal care attendants, and the degree to which women are often economically dependent on their partners or family, place women with disabilities in a wide variety of potentially abusive relationships.

The inaccessibility of services, particularly shelters for women who have been assaulted, arose as the most significant barrier women with disabilities face in getting help. In particular, women stressed the importance of service providers recognizing that accessibility does not just mean physical access to services. Accessibility includes a broad range of issues such as, but not limited to: the provision of educational information in formats accessible to women

who are blind or vision impaired, TDD service and personnel who are able to sign for women who are deaf or hearing impaired and more interpreter/intervenor services and outreach to let women know that services are available. Women emphasized that their needs varied widely according to their particular disability. Therefore, women with hidden disabilities (e.g., epilepsy, chronic pain), women with multiple disabilities and women with developmental disabilities all have particular service requirements that need to be addressed.

Access to services is even more difficult for immigrant and refugee women, Aboriginal women and women of ethnic and racial minorities who are disabled. In particular, attentiveness to cultural and linguistic differences were highlighted as essential components of service provision, as well as the awareness of particular economic and legal issues relevant to immigrant and refugee women with disabilities.

In addition, this study reveals that wide spread social attitudes which deny women with disabilities credibility and respect, often make it difficult for women to disclose their experiences of abuse. Women spoke about low self-esteem and emotional dependence on their abuser, and the lack of information about sexuality and abuse, as factors preventing them from reporting the violence against them.

Women's hesitancy to report the abuse against them is compounded by the fact that when women do seek help they are often discriminated against, treated insensitively and/or disbelieved. It was generally expressed that women-centred or feminist services (i.e., shelters, rape crisis centres) were insensitive to issues of disability, while services and groups for people with disabilities were often insensitive to the issue of violence against women. The fact that no particular service group is prepared to provide comprehensive services to women with disabilities who have experienced violence, means that many women either receive no service or must compromise one of their needs over another in order to get service. Gaps in service provision leave women without adequate choices about what type of service they can access and clearly indicate the need for better co-ordination of existing services.

The role of the justice system and in particular, police services, also emerged as centrally important. Issues pertaining to the insensitivity of police, Crown attorneys, judges and legal aid lawyers, as well as the general inaccessibility of the entire justice system were raised. Women highlighted the importance of being seen as credible witnesses and the right to be treated with dignity and respect through any legal process. In addition, women spoke about the physical inaccessibility of police buildings, emergency vehicles and law courts.

Throughout the study, women emphasized the role that the provincial government must play in advocating for the rights of persons with disabilities and in supporting services established for women with disabilities who have experienced violence. Specifically, women requested government funding to make services accessible, including making funding of services contingent on meeting accessibility requirements.

In addition to identifying the service needs of women with disabilities who have experienced violence, women indicated that systemic barriers such as social isolation, employment discrimination, and poverty further limit women's choices and control over their own lives and are contributing factors in the incidence of violence in women's lives. Therefore, women with disabilities must have better access to education and training programs and attention must be given to improving current social assistance rates to enable women to live independently. Further, women stressed the need for employment equity to be implemented and practised at all levels of the public service and in the service delivery sector as well.

Women indicated that many stereotypes and misconceptions still exist about women with disabilities in the general population. Women, therefore, identified public education and accurate media portrayal of women with disabilities as essential.

Finally, women identified the seriousness of abuse that goes on in institutions for persons with disabilities and recommended that further studies focus on the implementation of concrete strategies to prevent institutional abuse.

AGENDA FOR CHANGE

It was clear that women placed the need to improve access to services and training for service providers as only two in a series of steps needed to change conditions for women with disabilities who have experienced violence. In the long term, broader social changes, such as addressing attitudes towards women with disabilities and the systemic barriers which restrict women are also needed if violence against women with disabilities is to be eradicated.

Women highlighted the importance of a change in attitudes and behaviour on the part of men who are violent, calling for stricter penalties against perpetrators of violence and for adequate counselling services that are accountable to women. Changing the attitudes of boys and men toward women, and specifically toward women with disabilities, is a formidable task and one for which all of society and men in particular, are responsible.

SUMMARY OF RECOMMENDATIONS

The following recommendations are a summary by the Government Steering Committee of those put forward by the Community Advisory Group and the women and service providers who responded to the service needs assessment and participated in the community consultations. The names found in brackets following some of the recommendations indicate those government ministries, agencies and/or organizations deemed to be most directly responsible for making changes in that area.

The recommendations arising from this report that pertain to government will be provided to the appropriate ministries. Recommendations stemming from this research but which are generally for non-governmental agencies are included for your information to further the development of appropriate and sensitive service delivery.

In each section, recommendations that are specific to the issue of violence against women with disabilities are listed first. Following these specific recommendations are those that pertain to the systemic barriers that women with disabilities face in our society that are contributing factors in the incidence of violence in women's lives. These recommendations have been included because they reflect changes that are necessary to more broadly address the inequities that women with disabilities face, particularly in terms of access to information, education and service provision.

Meeting the needs of women with disabilities according to the diversity of women who make up this community is a priority throughout all of the recommendations. In particular, attention must be paid to how women's needs differ according to their specific disability, their ethnicity, race, income level and sexual preference. This would include:

- . meeting the needs of Aboriginal women with disabilities
- . meeting the needs of immigrant and refugee women with disabilities
- . meeting the needs of women with disabilities from linguistic, ethnic and racial minorities

I. RECOMMENDATIONS TO GOVERNMENT

A. Government Policy

It is recommended that:

- 1) disability issues be fully integrated into the Wife Assault and Sexual Assault Prevention Initiatives through the implementation of all of the relevant recommendations arising from this report (Ontario Women's Directorate).
- 2) the concerns and needs of people with disabilities be integrated into the development of government policies and programs at all levels (all ministries led by the Office for Disability Issues).

B. Accessibility

It is recommended that:

- 3) the Cultural Interpreter Program be expanded to include American Sign Language (A.S.L) and Langage des signes québécoise (L.S.Q.) (Ministry of Citizenship).
- 4) all shelters for assaulted women and all rape crisis centres be funded to ensure they are accessible to all women with disabilities (Ministry of Community and Social Services, Ministry of Correctional Services and Solicitor General).
- 5) the process of making all services fully accessible be started by making at least one shelter and one rape crisis centre accessible in every community (Ministry of Community and Social Services, Ministry of Correctional Services and Solicitor General).
- 6) one hundred percent government funding for accessibility be provided to women's groups and services to make them accessible (Ministry of Community and Social Services, Ministry of Health, Ministry of Correctional Services and Solicitor General).
- 7) government funding of services be tied to the condition that services implement full accessibility (Ministry of Community and Social Services, Ministry of Health, Ministry of Correctional Services and Solicitor General).
- 8) in reviewing its criteria, the ACCESS Fund in Ontario consult widely with women's groups to ensure that the criteria will allow more women's groups and services to become accessible to women with disabilities (Office for Disability Issues, Ministry of Citizenship).
- 9) women with disabilities who have been assaulted be given priority for non-institutionally based, affordable and accessible housing (Ministry of Housing).
- 10) funding be provided to set up a central clearinghouse so that service providers are able to get consistent and reliable information and advice on accessibility (Office for Disability Issues).
- 11) public and parallel transit be accessible and available for emergency situations (Ministry of Transportation).
- 12) emergency transportation like ambulances and police cars be made fully accessible (Ministry of Health, Ministry of Correctional Services and Solicitor General).
- 13) the government fund community-based emergency crisis lines so they can offer TDD service for women who are hearing impaired or deaf (Ministry of Health, Ministry of Correctional Services and Solicitor General, Ministry of Community and Social Services).
- 14) the government fund community-based emergency crisis lines so that they are able to adequately train operators to support women with disabilities who have experienced violence and offer them proper referrals (Ministry of Health, Ministry of Correctional Services and Solicitor General, Ministry of Community and Social Services).

- 15) the government do further outreach to women with disabilities to make them aware of government services and funding opportunities (all ministries led by the Office for Disability Issues).
- 16) the government review policy, legislation and regulations to remove barriers affecting women with disabilities (Office for Disability Issues).
- 17) government buildings and services become fully accessible (Management Board Secretariat).
- 18) the "building code" be reviewed to bring it into compliance with the disability issues outlined in the Human Rights Code (Ministry of Housing).
- 19) comprehensive standards of accessibility be developed and distributed, including guidelines on how to produce information materials in alternative formats (Office for Disability Issues).

C. Training and Education

It is recommended that:

- 20) the provincial government recommend to Health and Welfare that information and resources on the issue of violence against women with disabilities be integrated into the collection at the National Clearinghouse on Family Violence.
- 21) government public education campaigns on Wife Assault and Sexual Assault Prevention include representation of women with disabilities and fully integrate the concerns of women with disabilities into government public education materials (Ontario Women's Directorate).
- 22) the government strive to educate the public about the issue of violence against women with disabilities (Ontario Women's Directorate, Office for Disability Issues).
- 23) government educational materials present women with disabilities realistically and counter negative stereotypes (all ministries led by Ontario Women's Directorate and the Office for Disability Issues).
- 24) women and girls with disabilities receive education on sexuality, including information about sexual assault, personal safety, HIV/AIDS and other sexually transmitted diseases (Ministry of Health, Ministry of Education and Training).
- 25) education on sexuality and the issue of violence against women and girls with disabilities be included in all school curricula (Ministry of Education and Training).
- 26) schools and community groups provide classes on self-esteem, assertiveness training, and self-defense (i.e., Wen Do) for women and girls with disabilities (Ministry of Community and Social Services, Ministry of Health, Ministry of Education and Training, Ministry of Correctional Services and Solicitor General).

- 27) women with disabilities be provided with funding to develop and provide training programs to community agencies on the issue of violence against women with disabilities (Office for Disability Issues, Ontario Women's Directorate).
- 28) funding be provided to set up community-based referral and information services throughout the province to provide information on the issues of violence and disability (Ministry of Community and Social Services).
- 29) government implement a comprehensive policy on the provision of government materials in alternative formats (i.e., on audio cassette, in Braille, in large print and plain language format, etc.) (all ministries led by the Office for Disability Issues).
- 30) government educational materials be accessible to women with all range of disabilities (e.g., educational ads on T.V. should provide 1-800 numbers that are written on the screen and spoken) (all ministries led by the Office for Disability Issues).
- 31) women with disabilities be at the forefront as consultants and active participants in the development and implementation of any training and educational programs for government and in the community.
- 32) women with disabilities have greater access to mainstream and specialized training programs (Ministry of Education and Training).

D. Economic Issues

- 33) employment equity for women, and in particular for women with disabilities be implemented, practised and monitored by all agencies and services in both the public and private sectors (Employment Equity Commission, Management Board Secretariat).
- 34) sheltered workshops be reformed to provide women with disabilities with meaningful, adequately paid work (Ministry of Community and Social Services).
- 35) the government do outreach to inform women with disabilities of the availability of social assistance benefits (Ministry of Community and Social Services).

E. Justice System

It is recommended that:

- 36) judges, justices of the peace, lawyers, Crown attorneys, victim/witness personnel and probation and parole staff receive training on the issue of violence against women with disabilities (Ministry of the Attorney General, Ministry of Correctional Services and Solicitor General, Ministry of Education and Training, Law Society, Federal government).
- 37) it be mandatory that all police (especially domestic response teams) receive training on the issue of violence against women with disabilities (Ministry of Correctional Services and Solicitor General).

- 38) women with disabilities be recruited to sit on civilian police review commissions (Ministry of Correctional Services and Solicitor General).
- 39) the police establish a provincial protocol for responding to women with disabilities who have been assaulted (Ministry of Correctional Services and Solicitor General in consultation with women with disabilities and community groups).
- 40) a protocol be developed to guide police investigations on physical and sexual assault of women with disabilities (Ministry of Correctional Services and Solicitor General).
- 41) the police provide information to women with disabilities on the conditions of the release of their assailants (Ministry of Correctional Services and Solicitor General, Ministry of the Attorney General).
- 42) the justice system improve protection for women with disabilities who have been assaulted (i.e., through the enforcement of restraining orders, peace bonds, etc.) (Ministry of the Attorney General).
- 43) men who commit violent crimes against women and children receive sentences comparable to sentences received for other violent crimes (the Judiciary).
- 44) service providers running programs for assaultive men and sex offenders be informed by the views and experiences of women with disabilities who are survivors of violence (Ministry of Correctional Services and Solicitor General, Ministry of Community and Social Services).
- 45) programs for assaultive men and sex offenders be fully accessible to men with disabilities (Ministry of Community and Social Services, Ministry of Correctional Services and Solicitor General).
- 46) courts, police stations and probation offices be reviewed to ensure women with disabilities have access to these services (Ministry of the Attorney General, Ministry of Correctional Services and Solicitor General).
- 47) a review of the Canada Evidence Act and the Ontario Evidence Act be carried out to ensure the admissibility of evidence in court from people with disabilities (Ministry of the Attorney General).
- 48) judges, lawyers and Crown attorneys receive training to understand the needs of women with developmental and mental disabilities and women with speech difficulties (e.g., the allowance of advocates to help women give evidence in some cases) (Ministry of the Attorney General).
- 49) all court offices, probation and parole offices, police services and community legal clinics be equipped with TDD service (Ministry of the Attorney General, Ministry of Correctional Services and Solicitor General).
- 50) court rooms, police services (including emergency transportation) and all legal processes be accessible to women with disabilities (e.g., provision of sign language, accessible to wheelchair users) (Ministry of the Attorney General, Ministry of Correctional Services and Solicitor General).

- 51) all correctional institutions and community-based services be accessible to women with disabilities (Ministry of Correctional Services and Solicitor General, Ministry of Community and Social Services).

F. Research and Further Action

It is recommended that:

- 52) research on the issue of abuse against people with disabilities in institutions be undertaken and any specific concrete recommendations on prevention strategies be implemented (Ministry of Community and Social Services, Ministry of Health).
- 53) researchers focus on:
- .. the needs of women with disabilities, women with multiple disabilities and women with hidden disabilities and on strategies to meet these needs (Ministry of Health, Ontario Women's Directorate, Office for Disability Issues).
 - . investigating the re-victimization of women with disabilities when encountering the criminal justice system (Ministry of the Attorney General, Ontario Women's Directorate, Office for Disability Issues).
 - . further investigation of how violence impacts on elderly women, single mothers and rural women (Office for Disability Issues, Office for Seniors' Issues, Ontario Women's Directorate, Ministry of Northern Development and Mines).
 - . children with disabilities who have witnessed or experienced abuse (Ministry of Community and Social Services).
- 54) program needs of abusive men with disabilities be further investigated (Ministry of Correctional Services and Solicitor General, Ministry of Community and Social Services):
- 55) further research be undertaken on the issue of new reproductive technologies with regards to the abuse of these technologies and with regards to their accessibility to women with disabilities (Ministry of Health).
- 56) women with disabilities play a key role in the direction and implementation of all future research on women with disabilities funded by the government.
- 57) government take responsibility for ensuring that research reports lead to concrete changes in the areas they are directly responsible for.

G. Federal Government/Municipal Government/Self-Regulating Professions

- 58) the licensing commission and the police monitor and enforce existing municipal licensing provisions and requirements to ensure that drivers are not abusive and do not overcharge their riders (Municipalities through the Ministry of Municipal Affairs).

- 59) health and social service professionals (i.e., doctors, psychiatrists, psychologists, nurses, social workers, occupational therapists, etc...) be educated on the issue of violence against women with disabilities and their responsibilities toward them (Individual schools, Ministry of Education and Training, Ontario Medical Association, Ministry of Health).
- 60) self-regulating bodies that govern health professionals and lawyers adopt policies that would support zero tolerance of abuse of clients (College of Physicians & Surgeons of Ontario, Ontario Psychological Association, Canadian Psychological Association, Ontario Medical Association, Law Society).
- 61) social assistance reform take place to ensure that social assistance benefits (including Family Benefits Allowance, General Welfare Allowance, etc...) to women with disabilities accurately reflect their financial needs and the extra costs often incurred for medication, taxi fares, etc...(Ministry of Community and Social Services, Federal government, Municipalities).
- 62) as part of their review process for legal aid, lawyers take into account the additional expenses incurred by women with disabilities (e.g., medication, taxis, etc.) as well as the additional time women with disabilities may need with legal counsel (Ontario Legal Aid Program).

II. RECOMMENDATIONS TO SERVICE PROVIDERS

A. Service Provision Principles

It is recommended that the following principles be adopted by all those involved in the provision of direct services to women with disabilities:

- 1) all women with disabilities be treated with dignity and respect.
- 2) all women with disabilities be treated as adults.
- 3) the goal of services be to empower women to make their own informed decisions about their situations.
- 4) service provision to female survivors of violence be women-centred.
- 5) service providers be sensitive to cultural and linguistic diversity, and in particular to the needs of Aboriginal women, ethnic and racial minority women and women who are immigrants and refugees.
- 6) service providers be sensitive to the particular needs of lesbians with disabilities.

B. Accessibility

Where accessibility is referred to, in the following recommendations it should be understood as complete accessibility. For a service to be completely accessible to women with disabilities, service providers must do outreach to women with disabilities as well as recognize a wide range of disabilities. Complete accessibility includes wheelchair access to all aspects of the service, having TDD service and providing information in Braille, on audio cassette, and in large print and plain language. It includes the provision of staff that are able to use sign language and staff that are sensitive to the needs of women with multiple disabilities, developmental, mental/emotional disabilities and hidden disabilities (i.e., epilepsy, chronic pain).

Complete accessibility also requires the provision of services in languages other than French and English and staff that are sensitive to cultural and racial diversity.

It is recommended that:

- 1) where accessible shelters are unavailable, service providers make interim arrangements for women with disabilities who have been assaulted. For example, making arrangements for women to stay in second stage or co-op housing that is currently accessible.
- 2) organizations hire or arrange to have counsellors and advocates who are proficient in the use of sign language.
- 3) organizations ensure access to interpreters for women who are deaf and blind.
- 4) all agencies and community services be accessible to women with disabilities, especially counselling and advocacy services for women who are survivors of violence.
- 5) in requesting funds, services include the costs of accessibility in their budgets.
- 6) when undertaking physical renovations to a service site, builders, planners, landlords and tenants be consulted to ensure that accessibility requirements of the women using the service are met.
- 7) builders and planners take into consideration the issue of safety when designing accessibility features for services (i.e., women should not have to go through unlighted passages or enter buildings through rear doors).

C. Programming

- 8) programs specialized to work with children who have experienced or witnessed violence be provided both by women-centred services and by services set up specifically for persons who are disabled.
- 9) agencies and service providers recognize women who are deaf as having their own culture and develop services appropriate to their needs.

- 10) that service providers, community groups, disabled consumer groups and women's groups facilitate and support the formation of self-help networks for women with disabilities.

D. Training and Education

- 11) service providers of all agencies and community groups, especially disabled consumer groups, be trained to handle and facilitate disclosures of abuse.
- 12) operators of crisis lines be trained to address the needs of women with disabilities, particularly those women with speech difficulties or speech impairments.
- 13) a protocol be developed by services on how to handle disclosures of abuse.
- 14) community services strive to educate the public about the issue of violence against women with disabilities.
- 15) all educational forums and workshops facilitated by women's groups be accessible to women with all kinds of disabilities.
- 16) community developed educational materials present women with disabilities realistically and counter negative stereotypes.
- 17) community developed educational materials be accessible to women with all range of disabilities.
- 18) service providers strive to provide adequate education and support to family and friends of women with disabilities.

E. Hiring/Recruitment

- 19) service providers actively recruit women with disabilities to occupy decision making positions in their organizations, both in staff positions and on boards of directors.
- 20) agencies and service providers hire staff that are representative of the linguistic and cultural diversity of the community they serve.
- 21) all agencies and services implement tighter screening methods for prospective staff and volunteers.
- 22) all agencies and service providers have a strict protocol for dealing with staff and volunteers that are perpetrators of abuse.
- 23) further work be done to establish a way of sharing among agencies, especially among residentially based services, information about staff members who are offenders.

F. Community Coordination

It is recommended that:

- 24) community co-ordinating committees on violence against women help develop local protocols to ensure a co-ordinated response between services.
- 25) training across organizations dealing with disability, violence and those agencies serving specific cultural or immigrant groups, be co-ordinated in order to allow women a greater choice of services and so that counsellors and advocates become sensitive to the needs of all women.
- 26) training be facilitated through inter-agency sharing of information and resources.
- 27) service providers actively recruit women with disabilities to sit on local co-ordinating committees set up to deal with violence against women.
- 28) existing community information centres incorporate information on disability and violence as well as information on service accessibility issues in their educational materials.



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